

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/549,322
APPLICATION

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2		1					52						
3	1						53						
4		1					54						
5		1					55						
6	1						56						
7		1					57						
8		2					58						
9		1					59						
10		1					60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16		1					66						
17	2						67						
18							68						
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20		1					70						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓			↓		TOTAL IND.	↓			↓		↓
TOTAL DEP.	17	←		←		←	TOTAL DEP.	←			←		←
TOTAL CLAIMS	20	████████	████████	████████			TOTAL CLAIMS	████████	████████	████████			